

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS**

TYPE:    ☐ IXC    ☒ CLEC    ☐ ILEC    ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

City Communications, Inc

Company Name

6784365590

Telephone #:

Dba/fka

4330 South Lee St Building 800 B

Mailing Address:

Buford

GA

30518

City, State, Zip Code

300 Village Center Drive, Suite 103

Business Location

Woodstock

GA

30188

Cherokee

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent:    Incorp Services Inc.

Mailing Address:    317 RUTH VISTA RD

LEXINGTON

29073

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas**

- |     |  |                                     |
|-----|--|-------------------------------------|
|     | Faraz  | Mobeen                              |
| A.  | <b>General Manager</b> (Include Address if Different than above)   |                                     |
|     | 678-698-7475   | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |
| B.  | <b>Customer Relations/Complaints Representative</b> (Include Address if Different than above)                          |                                     |
|     | -  | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |
| C1. | <b>Customer Relations/Complaints Representative for Escalated Complaints</b> (Include Address if different than above) |                                     |
|     | -  | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |
| C2. | <b>Customer Contact</b> (Toll Free Number)   |                                     |
| D.  | <b>Engineering Operations</b> (Include Address if different than above)  |                                     |
|     | -  | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |
| E.  | <b>Test and Repair</b> (Include Address if different than above)   |                                     |
|     | -  | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |
| F.  | <b>Emergencies</b> (During Non-Office Hours)   |                                     |
|     | -  | / - /                               |
|     | Telephone Number   | / Facsimile Number / E-mail Address |

**RECEIVED**  
JAN 29 2020  
PSC SC  
MAIL / DMS

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

**G. Regulatory Officer** (Included Address if Different Address if different than above)

(Mailing Address)

/		
Telephone Number	/ Facsimile Number	/ E-mail Address
Tiesha	Monroe	Account Manager

**H. Annual Report Mailings** (Name and Title)

4330 South Lee St Building 800 B Buford GA 30518

(Mailing Address)

678-436-5590 / 678-681-7580 / tmonroe@rtcteam.net

Telephone Number	/ Facsimile Number	/ E-mail Address
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Tiesha Monroe

**I. Dual Party Mailing** (Name & Title)

4330 South Lee St Building 800 B Buford GA 30518

(Mailing Address)

/ -		
Telephone Number	/ Facsimile Number	/ E-mail Address

**J. Interim LEC Fund Mailing** (Name)

4330 South Lee St Building 800 B Buford GA Buford

(Mailing Address)

678-436-5590 / 678-681-7580 / tmonroe@rtcteam.net

Telephone Number	/ Facsimile Number	/ E-mail Address
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Tiesha Monroe

**K. Universal Service Fund Mailings** (Name)

4330 South Lee St Building 800 B Buford GA 30518

(Mailing Address)

678-436-5590 / 678-681-7580 / tmonroe@rtcteam.net

Telephone Number	/ Facsimile Number	/ E-mail Address
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Tiesha Monroe

**L. Gross Receipts Mailings** (Name)

4330 South Lee St Building 800 B Buford GA 30518

(Mailing Address)

678-436-5590 / 678-681-7580 / tmonroe@rtcteam.net

Telephone Number	/ Facsimile Number	/ E-mail Address
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**M. Lifeline Mailings** (Name & Title)

4330 South Lee St Building 800 B Buford GA 30518

(Mailing Address)

678-436-5590 / 678-681-7580 / tmonroe@rtcteam.net

Telephone Number	/ Facsimile Number	/ E-mail Address
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Tiesha Monroe

<b>This form was completed by</b>	<b>Signature</b>
Account Manager	/ 1/6/2020

**Title**

**Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
 Post Office Drawer 11649  
 Columbia, South Carolina 29211

And

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
 1401 Main Street  
 Columbia, South Carolina 29201